SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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13		14		15		16			17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) State Farm Mutual Automobile Insurance Company Federal Political Action Committee Full Name (Last, First, Middle Initial) Harolyn M. Watts Date of Receipt Mailing Address 23 Pebblebrook Ct 06 2014 City State Zip Code Transaction ID: 5AC6C61B880C47F89317 61705-6300 Bloomington IL Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation STATE FARM AVP - DIVERSITY/HUMAN RESOURCE Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼					
Full Name (Last, First, Middle Initial)		Date of Receipt			
Mailing Address City	State Zip Code	M = M / D = D / Y = Y = Y			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period			
Name of Employer	Occupation				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼				

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

49750.00